# **EXHIBIT A**

Service Office: 200 BLOOR STREET EAST TORONTO, ONTARIO CANADA MAW 1E5	rck.	☐ John Han ☐ John Han ☐ John Han (hereinatter reierre	cock Variable cock Life insu v/.to as The Compa	Irance Cor Life Insur Irance Cor	-	i i Life insured(s) and/or	Owner(s).
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d) Place of Sun, Birth Logical	Con (1)   Ex- (1)   Ex-	inly	d) Place of Birth	dice de la constante de la con	- Maria de la companio de la compan	County	
e) Citizenship 🗹 U.S.	Other	- merencina rekoloniski sila kantan kant Kantan kantan kanta	e) Citizens	hip □ U.S.	□ Other		
f) Social Security/	17778		f) Social S	ecurity/	- Partition	inn in premeren mer af er unteren en de de besteur per enge	rumunurukakenururungsur
g) Driver's License No.	does hot do	State	Tax ID N g) Driver's License	numar seri	h selections of the second process	State	tototalik e agazaranya
h) Home Streets & Name, Address 135	· •	( ).	ት) Home Address	Sireel Nu. & Name	, Api No	to and a state parameters	efafurururur es res <del>eissa</del> ure
dy Aronie	Glato	Zip cudu   3-//		Chy	1.0000.00° - 566 - 155 -	Siate Zo sect	er arterakerania. I
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k) Name of Employer	teriterinista (h. 1966).	PS-C-A-Silver (1909) a research (HIII) (Artistic) manu	k) Name of Employer	mbananeestes aa	ennesser <del>enden</del> egippörönögligfar er, rususser, ru	removembre, wanter controls	iste til un mydenvääääänynä
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If Trust Owner, complete que  3. a) Name  The	Saca Holland			e of Trust	mmr de	1008	
	<sup>ala</sup> inno c∖Ri	elationship to roposed fe Insured(s)	d)	Social Securi Tax ID Numb	ty er 2 5 6	2.13.44.19.1.	7. 7
B) Address Sheet to a Name Act	street clif	PV).			8ms 070/4	Z'p code	
4. MUKIPIO CWITERS - PYDIANO (	details as above for other on a separate page.	r Type of ownership				nts in Common	istefonsonon i isok
(B5000NJ (03/2006)		Page 1	of 5	-			(JE)

Other informatio	n - MUST BE COMPLETED	nitendorania a copologica )	morale repr	(87848), 1,74748,464	\$0.040°4.'A'48'40'40'40'	tutatanasutututusiasutus	at attator i fotologija gogogogo	na i nemanament	lahulah sebuah kacapaga		BBBCTSTOTOTOTOTOBORGS, o. o. maranara, rast, oproposa, o casagos.
or other regal o	there be, an understanding r beneficial interest in any p a - give details	or agreement pro olicy issued on th	oviding e life a	for a pe f the Pn	arty, othe oposed i	r than the ife insure	Owner de ed(s) as a r	signated in result of thi	n question s applica	n 3. a), i ition?	to obtain any right, title
6. a) What is the:	source of the funding for the	: policy(ies) curre	ntiv ao	olied for	ን	(Acem	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Swinny	fotofolgdar ydydawydau gl	9912°2°4°284° <b>4</b> 3429	aktokimonakan ak-mususangayaga, angrammususanyayayayada
b) Will the Owr	ner, now or in the future, be le Insured's employer?	paying premiums	funde	d by an	individue	l ang⊮of a	entity of	her than th	e Propos	ed Life	Insured(s), or the
7. Will the premius No - If No,	ms be financed through a lo describe the funding arrang	an? sment,		1900-00 F		C1 [40 - 1]	no, proce	ed to ques	stion 8.		
	answer the following quest ne interest rate per annum?					• • • • • • • • • • • • • • • • • • • •	Water, running	*************************	m(1,4)+34344, 11444		Metallumirane ascarumeraneresaririragais e <sub>rugru</sub> ,
b) in additio	n to repayment of principal a  Yes - give details	Particular and Applications of the Control of the C	here of	ther fee	s, charge	s or othe	r consid <b>er</b> s	eton to be	paid on r	naturity'	?
c) What is th	e duration of the loan?	(Philippin Children Servingsberger	***************	Colodolada tatana	đ) Wh	o is the le	nder?	ana sausijojojopopopo	racente i i martir	ermanaurum er epe	CoCommo () in compresentativa vicinario relabbleve vicinario (vicinario) (vici
e) What amo is required	ount and type of collateral d to secure the loan?	Amerit \$	1.0 <b>100</b> .0 1.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2	delanger, seen	Type ul Ci	dia loral	estate.	atkitatataketatingi jaja.	***************	marete service	менновите виневина <del>мо</del> стення <u>ванняю</u>
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8. a) Name of Primary Bene b) Relationship to Life Insured(s	ficiary Sack	Holland		Makin	(repor	entre de la constante de la co		onininessenine. Liel  C    C    oninininessen	**************************************	Matadaantsa alka Isaunanun un usuussa	Мистон (постоя по подовить об
<ul> <li>c) Name of Secondary Be</li> <li>d) Relationship to Proposed Life</li> </ul>	j .	moorestatistati waa assa	inindingnama manyo Risalahining	iiidos Veensaneteetee	aurussassutututetutut etiikuu	92 2 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	er etteterreneveldjegogo How Hedeldeddeddesvelde	enterioren annea	assassororossass <sub>as</sub> o <sub>s</sub> o Dikopoli <del>za</del> gobožovovo	etetetalahakununga	annersaan akkidalidinassa.
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9. Complete the a the policy being	pplicable Policy Details Fi g applied for, Including So	orm NB5007 (Ur upplementary Be	iversa enefits	l Life), i and of	NB5008 her bene	(Variable	Life) or N	IB5013 (T	erna & Tr	adițion	al Life) for details of
promining former and the retiremental plant	e - Do not complete for Ci				19**************		Propertion of the Control	***************************************	formary community	·rm·um	and the state of t
10. a) Are all sibling b) Amount of life	s equally insured? insurance currently in force	☐ Yes ☐ or pending on p		Vouardi	an(a)	\$	maariniiraaag.	Melekanin marane	***************************************		Мотическия на надорущей <sup>в</sup>
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Existing and Pend	ing Insurance - Proposed	Life Insuréd(s)	12:4:5:4444	derengerene	arana nemini apepapa	dedeterenererengige Deleteletiniererere	(Addistramentaria Ambarania arabahan	merikan menikan merikan di Permenan di kabupatan di	alalana ya ya mara wa mara wa Mara wa mara w	ururanan nye utur. Amia m <del>an</del> agagagaga	dedelende om energenen und ergenerungsborungs bestehn bestehn de Stadense unternerungs einen erkentaben erkrapping programmen gestehn der bestehn bestehn bestehn der bestehn bestehn der bestehn best
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that has been	e in force on the Proposed sold, assigned or settled to my other person or entity.	or with a settlem	ent or	g any po viatical	oficy	s A	***************************************	İs	· · · · · · · · · · · · · · · · · · ·	**.	
b) Including this	application, total insurance	currently pending	with a	li compa	anies.	3 5	encomen encom Linear pro- propriedens	······································	***************************************		
c) Of the above p	pending amount in 11. b), he	ow much do you	intend 1	to accer	ot?		ನೆಯ ವಾಕನ್ನೆ ಆ <b>ಧ</b> ಿ, ಭವ		4× 400.22.22.000	। <del>ब्रक्त</del> कास्त्राह्म	
life or health in	nsurance declined, ted or offered with a LI	fe One: ☑No fe Two: ☐ No		-		epitelitelekkkuelise	estronoco de Parizonarea Historia	anasevåddans Sdahrerressamn	. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	000-14-2-2-4-2-, -14-14-14-3-2-3-3-	ennisseenidiggsselesessiaa
e) Provide inform with a settleme	nation for each policy in force ant or viatical company or a	ny craner personi d	ir enury	nsured( r. (Attack	s), includ h additio	ling any p nal page l	it necessai	has been s ry.)	old, assiç	gned or	
Proposed Life insured	Compan	teres and mercental entreints to the second of the second	diam'n	Personal	· · · · · · · · · · · · · · · · · · ·		issue Date	an a		n in Force!	Face Amount
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Existing and Pending Insu			raniara (Par Philippina) ya na	70-64-46-5-, 1965-5-1948433 	1.1.42.41	Life O	Colonia No	rundern var ar de	hertorianisminisminis priministrational	mmerren deweren	Life Twi	einen nemen Linkelinkeite	idades de la companya de la company La companya de la companya de
11. f) Is Disability Insurance (DI) with Provident or Long Term Care (LTC) Insurance with the Company			hannensekkeer	ingerien was werden der					·* • • • • • • • • • • • • • • • • • • •		d Annonesis (	indender die eine Gebeurge	
currently being applied for?					☐ Yes ☑ Ño				⊔ Ye	es Ll	Ņa		
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2. Are there any existing life	insurance and/or a	nnuity poli	cies owned by	the Owner	(ind	udina e	existire	Dolicies in M	ne nracesa	esta-eran est besir	marasana. Marasana	ind or	PI NEW YET
surrendered)? ☐ Yes	© 140 ir res, pies	ase comple	te the IMPOR	TANT NOT	CE:	Repla	cemen	t of Life Insur	ance or A	nuities	(Made	Reau	lation).
inancial Questions	NB5011,	ennesser en manse,	tetetemmenowowenemme	****************	******	···~~~	*********	les hes assessment comagnic	PCPI-i-lalalatelacaata	nacerecents:	tete <b>nten</b> tentene.	2 *,-ma	
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omplete when applying for over age 70. (Please subt	mit copies of financ	ial slateme	enis, estate ana	y amount : Elvsis, contr	ech) ech	usines al agre	is inst emen	Jrance, or wi ts. efc.)	hen a Pro <sub>i</sub>	Dosed	Life ins	ured	
<ol><li>3.a) What is the purpose of</li></ol>	this insurance?							io, order					
(e.g. estate conservation			estati					-annesse militire de	<b>~</b> 2+1221+2+,-,122333334,4,		ide-deserves	<b></b>	nar etengaja poja:
b) How was the need for t	Jie Face Almount di	eterminedi	Land.	On.	().5 ()	ي ا د کې اندازان	1-1-1-14-1	-www.mmm.cownagaga	-17fette median saman mesa		Acidel Colonia	w.w.	
c) Gross annual earned in	rome (eslant com	missions I	somuone ole l			e mare	· • · · · · · · · · · · · · · · · · · ·	ife One		Jie Two			
				_		\$	0	when a recompression production and the same of the sa	\$	* *********	-151-1-1-1-1000	.,	
d) Gross annual uneamed		s, interest, i	net real estate	income, etc	:.)			Andrews	\$			•	
e) Household net worth (c	ombined) .					\$	aj Partino	Care Care	***************	:-lihia.•⊅.•u	Part - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	
f) in the last 5 years, has/	have either of the	Proposed I	Life Insured(s),	or the busi	กสรย	-	rishama.	ระ <b>ราช</b> าลเป็นเรื่องรากก					
лао алу major плапска	problems (bankrup	otcy, etc.)?	PNO DY	es - give d	etails	- 5		ran en arreiten en e		were entre		r & @. 1111.11.1	and the second
usiness Insurance - Comp	lete for ALL Busi	ness Insu	rance	fgPalfafafunanununununununun				totatotatotika dengaja ja ja ja ja			ifeliand marerary	**************************************	·
a) Assets	Current Year		Previous Year	f)	Wh	at perc	еліад	of the busin	ess is				
	- \$ 	<b> </b>	***************************************					oposed Life I			restructive to be		
b) Liabilities	\$	S		g)	Are	other	partne	ra/owners/ex	ecutives be	eing ins	ured?	□Y€	s 🗆
c) Gross Sales	\$	\$	************************		IT YE	es, giv	e deta	IS.					
d) Net Income after taxes	\$		ranananassassassassassassassassassassassa	11-3-4									
e) Fair Market Value	en e	nerer december	enen menenaran peranasa anan anan	<b>~</b> .			**************************************	***************************************	TOTAL ENTRY	, i , m i man d' i l'inh	***************************************	1111-11-20-20-11-1	***************************************
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noking Questions	one anament of the state of the	THE SECTION	Carlot - recommended to the carlot of the ca	··**				*************************************		langkangkangkan			
Have you ever used tobacc	or nicotine produ	ictsiл auny	form (including	cigarettes,	ciga	us, cig	arillos.	a pipe, chew	ring tobacc	∞, nioo	tine pat	ches c	r gụm)
Proposed Life Insured (Li		**********	or an armenia	w Prop	43.141414	himil	Insur	d (Life Two)	Maria Paga Partura da Augustus de L		- give (	details	below
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commence of the commence of th	أسامانيا ــ	Metoteletika Akea		delelelel kirkoren		85 *************	**********				:499-1-1-1-4	ţ	- 841 - 244
Cigars	x /day 🔲			Ciga	ars	*-1(868951-9-9-	nas na	x/d	ay 🗀				<u>.</u>
Other:	x/day 🗆			Oth	er:		*. *. *. *	x/d	ay 🗀			1	
estyle Questions - Please	provide details in	No. 21 to	r Yes answers	(Pana 4)	ining si	, Fabadi, Autoritan - Makamara nasan	************	4.4965966	ระบบที่เขาการเพยง เกาะเลยระบบรถเกล	ร็บราชารถหนา ราชานกาสุทุล	mierenan. Reserva	<b>1</b> ,.,.,.,.,.	lance conserva- communication
Do you engage in regular e	xercise?		epopulation contraction	A THE PARTY OF	******	\$-E\$ <sub>1</sub> 8 <sub>2</sub> - <sub>-</sub> \$ <sub>1</sub> .	. ••••	Ministratora establica establica	وودود ودرد ودواوا والواوا	ariris		adoded a garage	
Proposed Life Insured (Li	fe One) 🗆 No 🏻 [	🗆 Yes - gir	ve details below	v Prop	<b>0</b> 964	d Life	nsure	d (Life Two)	□No	☐ Yes	- aive d	letails	heimu
a) What type of exercise?						ype of					3		DO:011
b) How many	c) Haw long?	***************************************	terster <del>e des</del> les de l' <sub>est</sub> e <sub>r</sub> es <sub>de</sub> s <sub>est</sub>	b) На					hereneren	61°-47-117 <b>8</b> 664°-4	###*#**** a.c		وردردردوس سر
times a week?	(Hours or min	ut <del>e</del> s per ca	casion) 📖	biri	es a	week	? :	به ربه H)	w long? Ours or mil	iutes p	ег осса	sion)	
_									Your day	ife One		Life	Two
Do you expect to travel outs	ide the U.S. or Car	nada, orch	ange your cou	ntry of resid	ieno	e in the	ixen e	2 years?		es 🛭		Mededeleter.≪ —	
<ul> <li>a) Have you flown as a stud in the last 2 years? If Yes</li> </ul>	lent pilot, licensed i	pilat, or are	w member in a	fishmis vos	incl	uding c	ultralligl	ht planes,					
an mic voor 5 Appliet il 168	i, piease complate	Aviation Q	uestionnaire N	E5009.					□Y	es 🗁	No : E	J Yes	
b) Have you engaged in any	y form of motor wah	icle or nove	er host racina	elas divisas	(no	Salar III -	- اداء						
<ul> <li>b) Have you engaged in any diving, hang-gliding, mou complete Avocation Ques</li> </ul>	y form of motor veh ntain climbing, or a	ticle or pov inv other h	er boat racing, azardous activ	sky divina.	para ast 2	achutin 2 years	g, skin ? If Ye	or scuba s, please		es [24			□No

NBSCOONJ (09/2008)

Lifestyle Que	estions (continued) - Please	provide details in N	lo. 21 for Yes	answers.	tikakatan abadan 186 mendebada adan gagaya,	totalissistitutistiisti, aurumunai	de mesosponosocion pur si i subspurses	e e el recordo de reconstituidades
	the state of the s	Maria Peresarian dia menanggan perunakan manggayayayayayayayay	4237974 <sup>4</sup> 47 <del>2</del> 288884484414443444 <sub>4</sub> 74	esennen er	ituliat o la lineagrape, eperpropaga esparateras:	tafafatura yan njajagrijayegan. 19 E	Life One	Life Two
19. a) Have yo	ou committed 2 or more moving	y violations within the	last 2 years	?		1,	☐ Yes ⊿ No	برجي ويومونه أريأت أنهم ومستعدة والمعادة والمعادرة والمعادرة والمعادرة والمعادرة والمعادرة والمعادرة
<li>b) Have yo</li>	ou been convicted of driving wh	tile intoxicated or whi	ile otherwise	impaired?			☐ Yes Ç/No	Yes O No
20. In the last t	10 years, have you been convi	cted of a criminal offi	ense?	,				☐ Yes ☐ No
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#### Declarations and Authorizations

#### **DECLARATIONS**

The Proposed Life Insured(s) and Owner(s) (Parent or Guardian) declare that the statements and answers in this application and any form that is made part of this application are complete and true to the best of my/our knowledge and belief. in addition, I/we understand and agree that:

- 1. The statements and answers in this application, which include the Policy Details and any supplemental form relating to the health, aviation or lifestyle of the Proposed Life Insured(s), will become part of the insurance policy issued as a result of this application.
- 2. (a) Any life insurance policy issued as a result of this application will be effective on the later of the date the first premium has been paid in full and the date the policy has been delivered. The insurance will not be in effect if there has been a deterioration in the insurability of arry proposed life insured(s) since the date of the application. If the Temporary Insurance Agreement (TIA) coverage is in effect and a subsequent policy is issued within 90 days of the date of the original application, the above paragraph only applies to any amount in excess of the TIA amount.
- 2. (b) If premiums are paid prior to delivery of the policy and the terms and conditions of the Temporary Insurance Agreement are satisfied, insurance prior to the effective date shall be provided only under the Agreement and according to its terms.
- ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

### AUTHORIZATION TO OBTAIN INFORMATION

I/We, the Proposed Life Insured(s), authorize:

1. John Hancock Life Insurance Company (U.S.A.), John Hancock Variable Life Insurance Company or John Hancock Life Insurance Company

(The Company) to obtain an investigative consumer report on me/us.

2. Any medical professional, medical care provider, hospital, clinic, laboratory, insurance company, the Medical Information Bureau (MIB Inc.), or any other similar person or organization to give The Company and its reinsurers information about me/us or any minor child/children who is/are to be insured. The information collected by The Company may relate to the symptoms, examination, diagnosis, treatment or prognosis of any physical or mental condition. In turn, The Company is free to disclose such information and any information developed during its evaluation of my/our application to:

(a) its reinsurers; (b) the MiB Inc.; (c) other insurance companies as designated by me/us; (d) me/us; (e) any medical professional designated by me/us;

or (f) any person or entity entitled to receive such information by law or as l/we may further consent.

I/We acknowledge receipt of the Notice of Disclosure of Information relating to the underwriting process, investigative consumer reports and the MIB Inc. This authorization will be valid for two years from the date shown. A photocopy of this authorization will be as valid as the original.

Information collected under this authorization will be used by The Company to evaluate my/our application for insurance, to evaluate a claim for benefits, or for reinsurance or other insurance purposes.

I am/We are entitled, or my/our authorized representative is entitled, to a copy of this authorization.

## OWNER/TAXPAYER CERTIFICATION - MUST BE COMPLETED

Under the penalties of perjury, I the Owner, certify that:

1. The number shown on Page 1 of the application is my correct taxpayer identification number (if number has not been issued, write "Applied for" in the box on Page 1), AND

2. Check the applicable box:

I am not subject to Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding, or

(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Tax Withholding, AND The Internal Revenue Service (IRS) has notified me that I am subject to Backup Tax Withholding. AND

Signatures - Please read all of the above	Declarations and Authorizati	ons before signing this form.	
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